

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890 154 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	14	↔	↔	↔	↔	↔
TOTAL CLAIMS	15					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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98			
99			
100			
TOTAL IND.		↔	↔
TOTAL DEP.		↔	↔
TOTAL CLAIMS		↔	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS